

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

UNITED STATES POSTAL SERVICE

• Sender: Please print your name, address, and ZIP+4 in this box •

00-977

#57-#58

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Carmen Carter  
419 Probasco St. #7  
Cin Oh 45220

## COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee  
*Carmen Carter*

B. Received by (Printed Name)  
*Carmen Carter*C. Date of Delivery  
*DEC 01 2001*Delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:3. Service Type (USPS)  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No2. Article Number  
(Transfer from service label)  
7001 2510 0008 6348 8506

PS Form 3811, August 2001 Domestic Return Receipt

102595-0204-0835